

Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172
502-429-3300 or 800-305-2042

APPLICATION FOR INITIAL OR CONTINUED SANE COURSE APPROVAL

- Office Use Only

Type or print using black ink.

SANE Program Administrator

Name

[illegible]

Phone #

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SANE Approved Program

Program Name

[illegible]

Address 1

[illegible]

Address 2

[illegible]

City

[illegible]

State

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Zip

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E-Mail #

[illegible]

Fax #

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Attach the Following Documentation

Complete the application form, attach documentation of the following information, and submit it to the Kentucky Board of Nursing (see address above) at least 3 months prior to the anticipated offering date of the course:

1. Position description and qualifications of SANE course nurse administrator.
2. Qualifications/description of faculty.
3. Course syllabus [see 201 KAR 20:411, Subsection 2(3)], including course outcome and unit objectives.
4. Completion requirements.
5. Tentative course presentation dates.
6. Records maintenance policy.
7. Copy of certificate of course completion form.
8. Course requirements and fees.

Certification Statement

By signing this application, in accordance with the Kentucky Administrative Regulation 201 KAR 20:411, I hereby agree to comply with the specified requirements regarding the continued approval of the above SANE Program.

Signature of SANE Program Administrator

Signature of SANE Program Administrator _____

Date:

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